2000 UNIFORM BUSINESS REPORT (UBR)

FILED Aug 22, 2000 8:00 am Secretary of State DOCUMENT # P97000078087 1. Entity Name INTER-STATE DEVELOPMENT ASSOC. CORP. 08-22-2000 90220 039 ***550.00 Principal Place of Business Mailing Address 2033 MAIN ST., STE, 600 2033 MAIN ST., STE, 600 SARASOTA FL 34237 SARASOTA FL 34237 UUU8U421 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 04-3167919 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required, 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MERRILL, WILLIAM W III Street Address (P.O. Box Number is Not Acceptable) 2033 MAIN ST., STE. 600 SARASOTA FL 34237 Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) П ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. D TITI F Change ☐ Addition TITLE Delete GREENBAUM, DONALD NAME NAME STREET ADDRESS 9058 MIDNIGHT PASS RD. STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP SARASOTA FL 34242 ☐ Change Addition TITLE TITLE ☐ Delete GREENBAUM, SCOT D STREET ADDRESS STREET ADDRESS 129 ALBEE DR. CITY-ST-ZIP CITY-ST-ZIP BRAMTREE MA 02184 Change Addition ☐ Delete TITLE TITLE NAME GREENBAUM, MARK S STREET ADDRESS STREET ADDRESS 472 GLEASONDALE RD. CITY-ST-ZIP CITY-ST-ZIP STOW MA 01775 ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE [] Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition TITI F TITLE NAME NAME

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as recorded by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP